

# Medicare Crossovers

# Medicare Crossovers

Claims crossover automatic from COBC-GHI.

What does cross over.

- Institutional Claims
- Professional Claims

What doesn't cross over (exempt).

- Part C
- Hospice
- Non-assigned Medicare claims
- Adjustments from Medicare
- NCPDP Claims

# Claims That Do Not Crossover

## Options

- Bill electronically with appropriate Medicare qualifiers and data included in transaction.
- Bill electronically with PWK indicator and send Medicare EOB as paperwork attachment.
- Bill on paper forms.

# Paper Billing

## Institutional

- Use form locators 39–41 for coinsurance and/or deductible.
- Paid amount in form locator 54
  - No EOB required for paid claims.
- Denials must have Medicare EOB with Reason and Remark codes description of Reason and Remark codes attached.

Medicaid Only  
**Required Fields are Highlighted**

104 Time Medical Center 104 Time Square Helena, MT 59601-0104		4806 Grisw97531 02/01/11 02/01/11		9912345	
PATIENT NAME: 111001111		PATIENT ADDRESS: 1313 Mockingbird Lane, Metropolis, MT 59601-1313			
03/26/30 M 02/01/11 11 1 01					
450 ER 90760 020109 4 3200 00					
636 Other Pharmacy N4 00409909332 UN 5 J3010 020109 1 620 00					
270 General Class Medical/Surgical Supplies 81001 020109 110 583 00					
300 General Class Laboratory 81001 020109 4 500 00					
PAGE OF		CREATION DATE 04/01/11		TOTALS 4903 00	
50 PATIENT NAME: Medicaid		51 HEALTH PLAN ID: 111001111A		52 EST. AMOUNT DUE: 52 00	
53 INSURED'S NAME: Griswold, Clark		54 INSURED'S LANGUAGE ID: 123456789		55 GROUP NAME: ZZ/363LP0000X	
56 TREATMENT AUTHORIZATION CODES: 10987645321		57 DOCUMENT CONTROL NUMBER:		58 COVER NAME:	
59 FEMARS: B3/363LP0222X		60 ATTENDING: LAST: Munster		61 COORDINATOR: LAST: Adams	
62 OTHER:		63 OTHER:		64 OTHER:	

# Medicare

## Coinsurance and Deductible

**Medicaid Only**  
**Required Fields are Highlighted**

1 Take Time Medical Center 104 Time Square Helena, MT 59601-0104		2 4806	
3 Griswold, Clark		4 Grisw97531	
5 02/01/11		6 02/01/11	
7 111001111		8 1313 Mockingbird Lane, Metropolis, MT 59601-1313	
9 03/26/30	10 M	11 02/01/11	12 11
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PAGE OF CREATION DATE 04/01/11 TOTALS 4903.00

50 PAYER NAME Medicaid 51 HEALTH PLAN ID 52 1876543210

53 INSURED'S NAME Griswold, Clark 54 INSURED'S LANGUAGE ID 111001111

55 TREATMENT AUTHORIZATION CODES 10987645321 56 DOCUMENT CONTROL NUMBER 57 EMPLOYER NAME

58 780.39 59 540.00 60 1766554433 61 ZZ 363LP0000X

62 1253456789 63 ZZ 363LP0000X

64 363LP0222X

65 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1004 CMS-1450 © 2010 NUBC

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART OF THIS BILL.

**Fill Colors:**  
  Required Fields  
  Conditional Fields  
  Other

**Border Colors:**  
  Client Fields  
  Provider Fields  
  Billing Fields

[illegible]

# Part C Medicare HMO Plans

Currently processed as Medicare Part B claims.

- Copay amounts entered as deductible
- Coinsurance entered as coinsurance
- Deductible entered as deductible
- Deductible + Coinsurance + Copay entered as deductible
- Claims processing system cannot process Medicare correctly without a Medicare paid amount if a coinsurance is present
- Medicare paid and deductible/coinsurance all considered in pricing formula.



# Common Issues Resulting in Denials

- Client has Medicare on file, and no Medicare information is present on claim.
- Medicare EOB and claim do not match.
- EOB for other insurance states Medicare in the header
- Medicare denied service as: not medically necessary, duplicate, billing error, timely filing, services not paid separately

# Third Party Liability (TPL)

# TPL Responsibilities

- Insurance verification
- Assist with problem claims
- Retro Medicare
- Carrier billing
- Provider checks/refunds
- Credit balance
- Trauma investigations

# Services to You

## Pay and Chase

- 90 Day Rule – Providers can request that Montana Health Care Programs process the claim and subsequently bill the other payer.
- Specific circumstances result in automatic pay-and-chase.

# Blanket denial

- Include documentation that the client's other insurance never pays for a particular service.
- Requests are available on the web or from TPL. Complete and return requests to TPL.
  - Fax to 406-442-0357.
- In return you will receive the blanket denial along with a tracking reference number to be used for billing.



## Request for Blanket Denial Letter

### State of Montana Medicaid

Effective Date Requested \_\_\_\_\_ Provider/NPI \_\_\_\_\_

Client Name \_\_\_\_\_

Medicaid ID Number \_\_\_\_\_

Name of Insurance Company on File \_\_\_\_\_

Procedure Codes Requested

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Requesting Agency \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Number of Pages that Follow Request \_\_\_\_\_

Fax all requests to (406) 442-0357.

Request must include an explanation of benefits (EOB) stating the services are not covered.

# How to bill using a blanket denial

Xerox staff work TPL edits that post for which a blanket denial has been created.

- **Electronic claims:** Include PWK indicator.
- **Paper claims:** Send the claim only.

Blanket denials are valid for two years from date on the request. Renewals must be requested and are not automatic.

# Common Problems

- No TPL amount on the claim
- Medicare information is put in as a TPL amount
- No paperwork attachments
  - If you have information TPL has termed, please call Provider Relations at 1-800-624-3958



# Phone number read as TPL

24. A. DATE(S) OF SERVICE		B. FROM	C. TO	D. PROCEDURE	E. SERVICES OR SUPPLIES	F. DIAGNOSIS	G. CHARGES	H. DAYS OR HOURS	I. SPECIAL	J. RENDERING PROVIDER ID #					
MM	DD	YY	MM	DD	YY	REVISION	EMC	OPTICPOS	ABCHARGEPOS	MODIFIER	POSTER	CHARGES	DAYS OR HOURS	SPECIAL	PROVIDER ID #
01	01	11	01	01	11	11	0	99231			1	100.00	1	6	ZZ 36LP00000X NPI 1213456789
2															NPI
3															NPI
4															NPI
5															NPI
6															NPI
25. FEDERAL TAX I.D. NUMBER		BRN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE			
99-9999999		<input type="checkbox"/> X		BV12345		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 100.00		\$ 406.55		\$ 1234.00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on this invoice apply to this bill and are made appropriately)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH #							
Rocky Shalitzman, MD DATE 01/01/11				NPI				Yabba-Dabba Center 2121 Granite Slab Dr. Bedrock, BC 54321-1234							
								1876543215				ZZ 400RT			

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM 00000000 (08/05)

- CMS recommended font size is 10 picca
- Paper feed issue
- Common issue automatically resolved by Xerox

# Medicaid entered as other insurance

ZIP CODE 54321-1234	TELEPHONE (Include Area Code) (406) 765-4321	Employed <input checked="" type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	ZIP CODE ( )	TELEPHONE (Include Area Code) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY OR GROUP NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	
b. OTHER INSURED'S DATE OF BIRTH		b. AUTO ACCIDENT?	b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10c. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		123456789	If yes, return to and complete item 9 and...	
SIGNED _____ DATE _____			SIGNED _____	

- Field 11c reserved for TPL policies
- Delay claim processing
- Medicare is not considered TPL

# What should I send to TPL?

- Problem TPL claims
- 90 day pay and chase claims
- Verification requests from TPL
- Blanket denials
- Refund checks
  - Note if it's for credit balance

# Contact Information

Julie Bullman, TPL Manager

406-457-9569

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Don Raulston, TPL Supervisor

406-457-9530

[Donald.raulston@xerox.com](mailto:Donald.raulston@xerox.com)

# Questions?